

Application Number _____

CITY OF FALLS CHURCH, VIRGINIA DEVELOPMENT SERVICES DEPARTMENT PLANNING DIVISION

Disclosure Statement

Type or Print in Ink. Complete the following:

1.	Description of the real estate affected. List the addresses of all property that is affected by the application Provide the lot, block, section, and subdivision of all parcels only if the properties have not been subdivided.				
	Address(es)				
	Lot(s)		Block(s)		
	Section(s)		Subdivision		
Is the owner of said real estate, a corporation whose stock is traded on a national or local stock and having more than five hundred (500) shareholders?				nal or local stock exchange	
	No Yes If "Yes", give the name of the corporation and skip to Item 4.				
 List the names, addresses, and nature of interest of ALL persons having equitable ownership of estate to be affected, including, in the case of corporate ownership, the names of stockholders, of and directors; and of ALL real parties of interest. 				<u>-</u>	
	PARCEL ADDRESS	NAME	ADDRESS	NATURE OF INTEREST	
4	I hereby certify that thi	s is a true and accurate disc	losure of all persons having	equitable ownership real	
•		nd of all the parties in interes	•	equitable ownership real	
			Applicant's Signature		
State of Virginia County of			Applicant's Address		
Subscribed and sworn before me this			day of	, 20	
Notary Public			My Commission Expires		